

**Primary Adult Care Program
Verification of Assistance from Others**

First Name: _____ Date: _____

Last Name: _____ Case Manager: _____

MD#: _____ Telephone Number: _____

If you reported little or no income on your Primary Adult Care (PAC) application, and someone is assisting you with food and shelter, please have the person assisting you complete the following information on this form.

NOTE: Please return this completed form no later than _____

I have been assisting _____ providing him/her the following:

____ 1. Providing room and board free in my home.

____ 2. Paying for room and board outside of my home.

Send a copy of the rent receipt and show how much money was given for food. _____

3. Providing monies for room and board in the amount of \$ _____

(Check one: ____ Weekly ____ Bi-Weekly ____ Monthly)

4. Other. Please explain below:

Relationship to Applicant: _____

Address: _____

City: _____ State _____ Zip Code _____

Signature: _____ Date _____

Telephone Number () _____